



Shrewsbury Public Schools
100 Maple Avenue
Shrewsbury, Massachusetts 01545

For office use:

Date Filed: _____

CONFERENCE REQUEST FORM

TO BE SUBMITTED 15 DAYS PRIOR TO DATE OF CONFERENCE

***A purchase order must be submitted with this conference request form to the Assistant Superintendent for approval. Please address the purchase order to the name and address of the conference provider/organization for direct payment.**

Title of
conference/workshop:

Location:

Conference dates:

Person (s) attending :

Purpose:

Does the above date(s) occur during school time?

☐

Substitute Needed?

☐

Please note: Teachers must arrange for their own substitutes

*Registration Fee: *

\$

Other: **
Travel,

\$

****If seeking travel reimbursement
for yourself, a purchase order must
also accompany this form.**

Total Estimated Cost:

\$

Approved by: _____
Department Director

Date

Approved by: _____
Principal

Date

Approved by: _____
Assistant Superintendent

Date

Purchase order number: _____ (assigned by central office upon approval)

Vendor name on purchase order: _____